



FINANCIAL REPORT SUMMARY

2004

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. REGISTRANT'S NAME		2. REGISTRANT'S ID NUMBER	
<input type="checkbox"/> CHECK BOX IF THIS REGISTRANT'S NAME HAS CHANGED		3. TELEPHONE NUMBER () <input type="checkbox"/> CHECK BOX IF THIS NUMBER HAS CHANGED	
4a. MAILING ADDRESS (ALL MAILINGS WILL BE SENT TO THE ADDRESS LISTED HERE) <input type="checkbox"/> CHECK BOX IF THIS ADDRESS HAS CHANGED			
4b. IF INDIVIDUAL, RESIDENTIAL ADDRESS		4c. BUSINESS ADDRESS	
5. TYPE OF REPORT 5a. <input type="checkbox"/> SUMMER JAN. - JULY _____ (DUE AUG. 31) 5b. <input type="checkbox"/> WINTER AUG. - DEC. _____ (DUE JAN. 31) 5c. <input type="checkbox"/> AMENDMENT TO ITEM (S) _____ 5e. ITEMIZED EXPENDITURES FORM IS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO		5d. <input type="checkbox"/> TERMINATION OF REGISTRATION DATE TERMINATED _____ MONTH DAY YEAR ENTERING A DATE IN THIS SECTION WILL TERMINATE THE REGISTRATION OF THE PERSON NAMED IN ITEM 1.	
6. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS PERIOD		<input type="checkbox"/> YES - THIS REGISTRANT ENGAGED IN LOBBYING ACTIVITY DURING THIS PERIOD (PROVIDE A BRIEF DESCRIPTION): <input type="checkbox"/> NO - THIS REGISTRANT DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS PERIOD	
7. EXPENDITURES BY CATEGORY		THIS REPORTING PERIOD	
7a. FOOD AND BEVERAGE FOR PUBLIC OFFICIALS.....		7a. \$ _____	
7b. MASS MAILINGS AND ADVERTISING.....		7b. \$ _____	
7c. ALL OTHER LOBBYING EXPENDITURES (INCLUDES PAYMENTS TO OTHER PERSONS FOR LOBBYING)		7c. \$ _____	
7d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 7a, 7b & 7c.).....		7d. \$ _____	
8. EMPLOYEES		ADD OR DELETE EMPLOYEE (S) NAME AND ADDRESS (INDIVIDUALS, FIRMS OR OTHER PERSONS DIRECTLY EMPLOYED, COMPENSATED OR REIMBURSED FOR LOBBYING). THIS ITEM WILL NOT SERVE TO REGISTER, OR TERMINATE THE REGISTRATION, OF ANY PERSON.	
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE ID# _____		<input type="checkbox"/> ADD <input type="checkbox"/> DELETE ID# _____	
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE ID# _____		<input type="checkbox"/> ADD <input type="checkbox"/> DELETE ID# _____	
9. VERIFICATION: I CERTIFY THAT ALL REASONABLE DILIGENCE WAS USED IN THE PREPARATION OF THE ABOVE FORM, AND THE CONTENTS ARE TRUE AND ACCURATE, TO THE BEST OF MY KNOWLEDGE. _____ TYPE OR PRINT NAME OF AUTHORIZED SIGNATORY (ALL MAIL WILL BE DIRECTED TO THE SIGNATORY'S ATTENTION.) _____ <div style="display: flex; justify-content: space-between;"><div>SIGNATURE (REGISTRANTS WHO ARE INDIVIDUALS MUST SIGN THEIR OWN FORMS.)</div><div>MONTH DAY YEAR</div></div>			



ITEMIZED EXPENDITURES

2004

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1a. REGISTRANT'S ID #	1b. REPORT: YEAR _____ <input type="checkbox"/> JAN - JULY <input type="checkbox"/> AUG -DEC <input type="checkbox"/> AMENDMENT TO ITEM(S) _____	2. REGISTRANT'S NAME
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3. FINANCIAL TRANSACTIONS OF \$1,000.00 OR MORE WITH PUBLIC OFFICIALS, THEIR FAMILY MEMBERS OR BUSINESSES

3a. PARTIES INVOLVED (INCLUDE TITLE OR OFFICE)	3b. DESCRIPTION OF FINANCIAL TRANSACTION (INCLUDE PURPOSE)	3c. DATE	3d. AMOUNT
<input type="checkbox"/> SENATOR <input type="checkbox"/> REPRESENTATIVE OTHER _____			\$
<input type="checkbox"/> SENATOR <input type="checkbox"/> REPRESENTATIVE OTHER _____			\$
<input type="checkbox"/> SENATOR <input type="checkbox"/> REPRESENTATIVE OTHER _____			\$

4. TRAVEL AND LODGING EXPENDITURES FOR PUBLIC OFFICIALS OVER \$650.00

A LOBBYIST OR LOBBYIST AGENT WHO DISCLOSES TRAVEL OR LODGING EXPENSES PROVIDED TO A STATE SENATOR OR REPRESENTATIVE UNDER THIS ITEM MUST ALSO SEND A DOCUMENT DETAILING THE EXPENDITURE TO THE AFFECTED STATE LEGISLATOR SIMULTANEOUSLY WITH THE FILING OF THE REPORT WITH THE SECRETARY OF STATE.

4a. PARTIES INVOLVED (INCLUDE TITLE OR OFFICE)	4b. DESCRIPTION OF ACTIVITY ASSOCIATED WITH TRAVEL AND LODGING EXPENDITURE (INCLUDE PURPOSE)	4c. DATE	4d. AMOUNT EXPENDED ON PUBLIC OFFICIAL
<input type="checkbox"/> SENATOR <input type="checkbox"/> REPRESENTATIVE OTHER _____			\$
<input type="checkbox"/> SENATOR <input type="checkbox"/> REPRESENTATIVE OTHER _____			\$
<input type="checkbox"/> SENATOR <input type="checkbox"/> REPRESENTATIVE OTHER _____			\$

5. INDIVIDUAL FOOD AND BEVERAGE EXPENDITURES FOR PUBLIC OFFICIALS

5a. PUBLIC OFFICIAL	5b. TITLE OR OFFICE	5c. AMOUNT THIS PERIOD	5d. AMOUNT YEAR TO DATE
	<input type="checkbox"/> SENATOR <input type="checkbox"/> REPRESENTATIVE OTHER _____	\$	\$
	<input type="checkbox"/> SENATOR <input type="checkbox"/> REPRESENTATIVE OTHER _____	\$	\$
	<input type="checkbox"/> SENATOR <input type="checkbox"/> REPRESENTATIVE OTHER _____	\$	\$

6. GROUP FOOD AND BEVERAGE EXPENDITURES FOR PUBLIC OFFICIALS

6a. NATURE OF EVENT	6b. DESCRIPTION BY CATEGORY OF PUBLIC OFFICIALS	6c. DATE	6d. AMOUNT EXPENDED ON PUBLIC OFFICIALS
	<input type="checkbox"/> SENATORS <input type="checkbox"/> REPRESENTATIVES OTHERS _____		\$
	<input type="checkbox"/> SENATORS <input type="checkbox"/> REPRESENTATIVES OTHERS _____		\$